

Return this part with your payment:

Name: _____

Address: _____

Phone: _____

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INSTRUCTIONS FOR ENTERING "*Dinner at the Doctors House*" RAFFLE

- 1) Please fill out the appropriate number of entries (above) at \$5 each or 5 for \$20
- 2) Include cash or check made out to TGHS for the required amount.
- 3) Mail cash/check and this form to: **TGHS P.O. Box 4173 Glendale, CA 91202.**
You will receive acknowledgement of your entry by email or in the mail before February.
Winner will be notified by phone or email.
- 4) Must be received by January 31st.